



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Hepatitis (Elevated Liver Functions) Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/_____
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. List date and results of the client's two most recent liver function tests:

	Result	Date #1	Result	Date #2
AST/SGOT	_____	_____	_____	_____
ALT/SGPT	_____	_____	_____	_____
GGTP	_____	_____	_____	_____
ALK PHOS	_____	_____	_____	_____
BILIRUBIN	_____	_____	_____	_____

2. Check type, then list date and results of recent hepatitis screening:

A Date _____ Neg Pos
 B Date _____ Neg Pos
 C Date _____ Neg Pos

3. Has the client had a liver biopsy? Yes No

If yes, please detail date and results: _____

4. Has the client ever been diagnosed with:

Fatty liver? Yes No If yes, please detail: _____
Hepatitis? Yes No If yes, check type, then detail:
 Acute Chronic Active Chronic Persistent Details: _____
Cirrhosis? Yes No

5. Does the client consume any type of alcoholic beverage? Yes No

If yes, please detail frequency and amount: _____
If no, date of last drink: Month _____ Year _____

6. Date of client's last visit to a physician:

0 to 6 months ago

6 to 12 months ago

12 to 24 months ago

over 2 years ago

7. List the last cholesterol reading, if known: _____ HDL Ratio _____

8. List the last blood pressure reading, if known: _____ Systolic/ _____ Diastolic

9. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No

If yes, please detail _____

10. Does the client exercise three or more times per week? Yes No

If yes, please detail _____

11. Client's occupation _____

12. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____
